Onboarding Form

TAMS

Official Details (To be filled by TAMS HR)

Employee Type _____

Designation _____

Employee ID _____

Joining Date _____

Personal Details

Click to upload Image

Click on blank space to add an image.

No polarized photos please

First Name _____   Nationality _____

Middle Name _____   Date of Birth _____

Last Name _____   Blood Group _____

Gender _____   Marital Status _____

Office Contact _____   Mobile Contact _____

Personal Email _____   Office Email _____

TAMS

Emergency Contact Person 1 _____

Emergency Contact Number 1 _____

Emergency Contact Person 2 _____

Emergency Contact Number 2 _____

Address Details

Permanent same as current

Current Address

Flat/House No. _____

Apt Name _____

Street 1 _____

Street 2 _____

Area _____

City _____

Pin Code _____

State _____

Permanent Address

Flat/House No. _____

Apt Name _____

Street 1 _____

Street 2 _____

Area _____

City _____

Pin Code _____

State _____

Passport Details

Passport No. _____   Issue Location _____

Date of Issue _____   Date of Expiry _____

Other Details

PAN Number _____   Aadhar No. _____

Physically Challenged?   Yes   No   If yes, specify _____

Academic Details

Basic Qualification

Degree	Board	Percentage (%)	Year of passing	School/University
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Graduation and Post-Graduation

Course	Mode	Percentage (%)	Year of passing	Institution
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TAMS

Compliance Details

PF A/C No. _____   UAN No. _____

Previous Employment

Employment 1

Organizaton _____

Location _____   Designation _____

Joining Date _____   Employee ID _____

Experience _____   Leaving Date _____

CTC _____   HR Name _____

HR Contact No. _____   HR Email ID _____

Employment 2

Organizaton _____

Location _____   Designation _____

Joining Date _____   Employee ID _____

Experience _____   Leaving Date _____

CTC _____   HR Name _____

HR Contact No. _____   HR Email ID _____

Employment 3

Organizaton _____

Location _____   Designation _____

Joining Date _____   Employee ID _____

Experience _____   Leaving Date _____

CTC _____   HR Name _____

HR Contact No. _____   HR Email ID _____

Dependent Details

Relation	Name	Contact No.	DOB	Gender
Spouse	_____	_____	_____	_____
Child 1	_____	_____	_____	_____
Child 2	_____	_____	_____	_____
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____

I certify that the information furnished in this form is factually correct and complete in all respects to the best of my knowledge and belief.

Place: _____   Signature of Applicant: _____

Date: _____   Applicant Name: _____